## 10/552,758 **Application Number** TRANSMITTAL October 11, 2005 Filing Date **FORM** Day CHAHROUDI First Named Inventor 2873 Group Art Unit (to be used for all correspondence after initial filing) Timothy J. Thompson **Examiner Name** 63463.000004 25 Total Number of Pages in This Submission Attorney Docket Number ENCLOSURES (check all that apply) Fee Transmittal Form ☐ Drawing(s) ☐ After Allowance Communication to Group ☐ Licensing-related Papers ☐ Fee Attached ☐ Appeal Communication to Board Petition Amendment / Reply of Appeals and Interferences Petition to Convert to a ☐ Appeal Communication to Group After Final Provisional Application (Appeal Notice, Brief, Reply Brief) Power of Attorney, Revocation Affidavits/declaration(s) Proprietary Information Change of Correspondence ☐ Status Letter Extension of Time Request Address Other Enclosure(s) (please Terminal Disclaimer Express Abandonment Request identify below): Request for Refund Information Disclosure Statement Notification of Transmittal of the CD, Number of CD(s) International Search Report and the Certified Copy of Priority Written Opinion of the International Landscape Table on CD Searching Authority, or the Declaration Document(s) Response to Missing Parts/ The Director is hereby authorized to charge any additional Remarks Incomplete Application fees required or credit any overpayments to Deposit Account No. 50-2478 for the above-identified docket number. Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Stanislaus Aksman, Reg. No. 28,562 Roberts Mlotkowski Safran & Cole, P.C. Individual name P.O. Box 10064 McLean, VA 22102 Signature August 25, 2008 Date CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. (571) 273-8300) on the date shown below. Name (Print/Type) Date Signature